

1	Unified Rate Review v4.2																																																				
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3	Company Legal Name:		UnitedHealthcare Insurance Co										State:		KY																																						
4	HIOS Issuer ID:		28773										Market:		Small Group																																						
5	Effective Date of Rate Change(s):		1/1/2018																																																		
6																																																					
7																																																					
8	Market Level Calculations (Same for all Plans)																																																				
9																																																					
10																																																					
11	Section I: Experience period data																																																				
12	Experience Period:		1/1/2016		to		12/31/2016																																														
13							Experience Period																																														
14							Aggregate Amount		PMPM		% of Prem																																										
15	Premiums (net of MLR Rebate) in Experience Period:						\$1,592,990		\$385.06		100.00%																																										
16	Incurred Claims in Experience Period						\$1,395,395		337.30		87.60%																																										
17	Allowed Claims:						\$1,722,403		416.34		108.12%																																										
18	Index Rate of Experience Period								\$413.72																																												
19	Experience Period Member Months						4,137																																														
20	Section II: Allowed Claims, PMPM basis																																																				
21					Experience Period		Projection Period:		1/1/2018		to		12/31/2018		Mid-point to Mid-point, Experience to Projection:								24 months																														
22									Adj't. from Experience to		Annualized Trend																																										
23					on Actual Experience Allowed				Projection Period		Factors				Projections, before credibility Adjustment								Credibility Manual																														
24	Benefit Category		Utilization		Utilization per		Average		PMPM		Pop'l risk				Utilization per		Average				Utilization		Average		PMPM																												
25	Inpatient Hospital		Description		1,000		Cost/Service				Morbidity		Other		1,000		Cost/Service				per 1,000		Cost/Service																														
26	Outpatient Hospital		Days		168.24		\$6,886.38		\$96.55		1.000		1.000		1.000		\$6,886.38		\$96.55		215.77		\$5,781.45		\$103.96																												
27	Professional		Services		5,166.06		280.50		120.76		1.000		1.000		1.000		280.50		120.76		5194.17		463.06		200.43																												
28	Other Medical		Visits		5,653.37		273.07		128.65		1.000		1.000		1.000		273.07		128.65		6784.57		196.19		110.92																												
29	Capitation		Benefit Period		12,000.00		14.52		14.52		1.000		1.000		1.000		14.52		14.52		13853.51		11.89		13.72																												
30	Prescription Drug		Prescriptions		8,806.38		76.01		55.78		1.000		1.000		1.000		76.01		55.78		11441.90		76.66		73.09																												
31	Total								\$416.34																\$502.97																												
32	Section III: Projected Experience:																						After Credibility		Projected Period Totals																												
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Product-Plan Data Collection

Company Legal Name:

UnitedHealthcare Insurance Company

HIOS Issuer ID:

28773

Effective Date of Rate Change(s):

1/1/2018

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		KY001 Plans 28773KY001				KY005 Plans 28773KY005
Product ID:						
Metal:		Not Applicable	Gold	Silver	Silver	Gold
AV Metal Value		0.000	0.819	0.717	0.717	0.798
AV Pricing Value		0.000	1.162	0.963	0.890	2.396
Plan Category		Terminated	Renewing	New	New	Renewing
Plan Type:		POS	POS	POS	POS	Indemnity
Plan Name		Terminated Products	AU-QF	AU-Q7	AU-Q8	AU-QN
Plan ID (Standard Component ID):		28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
Exchange Plan?		No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%				0.00%
Historical Rate Increase - Calendar Year - 1		10.08%				0.00%
Historical Rate Increase - Calendar Year 0		7.48%				0.00%
Effective Date of Proposed Rates		1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018
Rate Change % (over prior filing)		0.00%	9.40%	0.00%	0.00%	13.10%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	11.40%	0.00%	0.00%	13.40%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	28.04%	#DIV/0!	#DIV/0!	26.75%
Product Rate Increase %		11.40%				13.40%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
Inpatient	\$2.06	\$0.00	\$8.83	\$0.00	\$0.00	\$24.57
Outpatient	\$2.58	\$0.00	\$11.05	\$0.00	\$0.00	\$30.73
Professional	\$2.75	\$0.00	\$11.77	\$0.00	\$0.00	\$32.74
Prescription Drug	\$1.19	\$0.00	\$5.10	\$0.00	\$0.00	\$14.20
Other	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.02
Capitation	\$0.31	\$0.00	\$1.33	\$0.00	\$0.00	\$3.69
Administration	\$2.05	\$0.00	\$8.79	\$0.00	\$0.00	\$24.46
Taxes & Fees	\$1.33	\$0.00	\$5.69	\$0.00	\$0.00	\$15.82
Risk & Profit Charge	\$0.32	\$0.00	\$1.37	\$0.00	\$0.00	\$3.81
Total Rate Increase	\$12.60	\$0.00	\$53.95	\$0.00	\$0.00	\$150.04
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$566.62	\$0.00	\$573.92	\$0.00	\$0.00	\$1,145.33
Projected Member Months	948	0	912	12	12	12

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
Plan Adjusted Index Rate	\$113.55	\$0.00	\$486.30	\$0.00	\$0.00	\$1,013.10
Member Months	4,137	3,171	966	0	0	0
Total Premium (TP)	\$1,592,990	\$1,165,935	\$427,055	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	99.77%	100.00%	99.15%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.23%	0.00%	0.85%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,731,952	\$1,487,120	\$244,833	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	99.88%	100.00%	99.15%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.12%	0.00%	0.85%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$336,557	\$256,495	\$80,063	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$1,395,395	\$1,230,625	\$164,770	\$0	\$0	\$0
Net Amt of Rein	-\$9,308.25	-\$7,134.75	-\$2,173.50	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	-\$9,719.76	\$0.00	-\$9,719.76	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$337.30	\$388.09	\$170.57	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	\$418.65	\$468.98	\$253.45	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	\$418.14	\$468.98	\$251.29	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	28773KY0010000	28773KY0010002	28773KY0010003	28773KY0010004	28773KY0050001
Plan Adjusted Index Rate	\$627.84	\$0.00	\$622.67	\$515.84	\$476.85	\$1,284.12
Member Months	948	-	912	12	12	12
Total Premium (TP)	\$595,194	\$0	\$567,873	\$6,190	\$5,722	\$15,409
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Total Allowed Claims (TAC)	\$481,884	\$0	\$464,345	\$5,715	\$5,715	\$6,110
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$85,693	\$0	\$86,341	\$1,594	\$1,906	-\$4,147
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$396,190	\$0	\$378,004	\$4,120	\$3,809	\$10,257
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$5,205	\$0	-\$5,007	-\$66	-\$66	-\$66

State: **KY**
Market: **Small Group**



